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ction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete If Known Substitute for form 1449A/B/PTO 10/770,883 Application Number INFORMATION DISCLOSURE Filing Date February 2, 2004 STATEMENT BY APPLICANT First Named Inventor Levy, Stuart B. Art Unit 1614 (Use as many sheets as necessary) Examiner Name Not Yet Assigned

Attorney Docket Number

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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